L11000063768

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NESCRETATION OF 25 OF

COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: The Tiny Blue Photography, LLC Name of Limited Liability Company			
Dear Sir or Madam:			
The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.			
Please return all correspondence concerning this matter to the following:			
Maria F. Cordero Name of Person			
The Tiny Blue Photography, LLC			
226 NW 85th Ct			
Miami FL 33126 City/State and Zip Code			
the tinyblue & gmail. com E-mail address: (tobe used for future addal report notification)			
For further information concerning this matter, please call:			
Maria F. Cordero at (305) 975-0610 Name of Person Area Code & Daytime Telephone Number			
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301 MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314			
Enclosed is a check for the following amount:			
\$25 Filing Fee & Certified Copy			

INHS18 (5/08)

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

	Δ.
1. Name of the limited liability company: The Ting	Blue Photography,LLC
2. (a) Principal office address of limited liability company	: 538 Soft Shadow Ln
(Note: MUST BE STREET ADDRESS)	DeBary FL 32713
(b) Mailing address of limited liability company:	12 23
(Note: MAY BE POST OFFICE BOX)	
3. Date of filing/registration in Florida	L 11000063768 3 4. Document number
5. (a) Registered Agent and Registered Office shown on t	he records of the Florida Dept. of State:
Registered Agent:	Maria F. Corders
Registered Office Address:	538 Soft Shadow Ln
	DeBay FL 32713
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEV</u>	V Registered Office address:
NEW Registered Agent:	
NEW Registered Office Address:	226 NW 85th C+
(MUST BE FLORIDA STREET ADDRESS)	Miami ,FL 33126
If the limited liability company is not organized under the legislation of the limited that after the change or changes are made, the Fl and the business office of the registered agent will be identified liability company, it is hereby confirmed that the change(s) of the members of the limited liability company or as other or the operating agreement of the limited liability company Signature of a member of authorized representative of a member Printed or typed name of signee	orida street address of the registered office ical. Or, in the case of a Florida limited was/were authorized by an affirmative vote wise provided in the articles of organization.
I hereby accept the appointment as registered agent and a comply with the provisions of all statutes relative to the provided Lam familiar with and accept the obligations of my post-chapter 608, F.S. Or, if this document is being filed to me address. I hereby confirm that the limited liability company	gree to act in this capacity. I further agree to sper and complete performance of my duties, sition as registered agent as provided for in rely reflect a change in the registered office has been notified in writing of this change.

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00